

Issue Brief

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Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help

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This brief updates *Rite of Passage*, first released in May 2003. It updates analyses with new data from the March 2003 Current Population Survey, the 2001 Medical Expenditure Panel Survey, and the Commonwealth Fund Biennial Health Insurance Survey. It also provides new information on legislation and other proposals recently introduced to increase health insurance coverage among young adults.

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ABSTRACT: Young adults (ages 19 to 29) are one of the largest and fastest-growing segments of the population without health insurance in the United States. Young adults often lose coverage under their parents' policies at age 19, or when they graduate from high school or college. Nearly two of five college graduates and one-half of high school graduates who do not go on to college will endure a time without health insurance in the first year after graduation. Three policy changes could extend coverage to uninsured young adults and prevent others from losing coverage: extending eligibility for dependents under private coverage through age 23; extending eligibility for Medicaid/CHIP public coverage to age 23; and ensuring that colleges and universities require full-time and part-time students to have insurance, and that they offer coverage to both. Young adults are a relatively low-cost population to insure, and keeping them in insurance pools may lower the average costs of group coverage.

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Young adults between the ages of 19 and 29 represent one of the largest and fastest-growing segments of the population without health insurance in the United States. Often dropped from their parents' policies or public insurance programs at age 19 or on graduation day, young adults are left to find insurance on their own as they make the transition from high school to work or college. Yet, jobs available to young adults are usually low wage or temporary—the type that generally do not come with health benefits. Young adults who are able to go to college full time may have some protection through their parents' policies, but usually lose access to family coverage when they graduate. This issue brief reveals that nearly two of five college graduates and one-half of high school graduates who do not go on to college will endure a time without health insurance in the first year after graduation. Moreover, if past patterns continue, two-thirds of all

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young adults ages 19 to 23 today are likely to lack insurance at some point over the next four years.

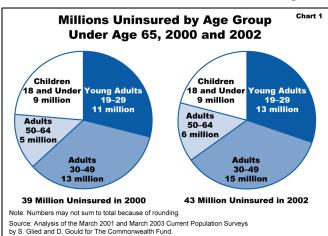
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Frequent losses of health insurance place the health of young adults at risk and subject them and their families to financial stress just as they are starting out in the workforce. This issue brief uses data from several sources to assess the scope of the health insurance problem facing young adults, its causes and implications, and what can be done about it. The analysis includes some targeted policy steps that could help young adults stay insured as they make the transition to independent living.

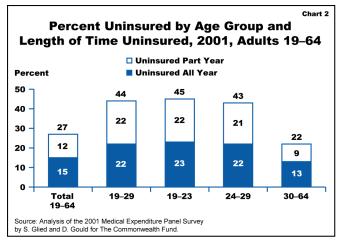
A Large and Growing Problem

Young adults ages 19 to 29 comprise a disproportionately large share of the uninsured. They accounted for 13 million of the 43 million people under age 65 who lacked health insurance in the most recent U.S. Census survey (Chart 1). This was 30 percent of the under-65 uninsured, despite the fact that this age group represents just 17 percent of that population. Between 2000 and 2002, when the total number of people without coverage in the United States rose sharply, young adults were the fastest-growing age group in the uninsured population, accounting for a third of the increase in the uninsured under age 65. More than 30 percent of young adults were without health insurance in 2002, nearly twice the rate of uninsured adults ages 30 to 64 that year.

Young adults also are at great risk of having unstable insurance coverage. As their life circumstances change, they face a high probability of both losing their insurance and moving on and off coverage. Based on the most recent national surveys that track insurance coverage over time, accounting for those who are uninsured for at least part of the year adds significantly to the total number uninsured. As of the year 2001, more than two of five (44%) young adults ages 19 to 29 were uninsured for at least some amount of time during the



year (Chart 2).² This rate is twice that of the 30-to-64 age group.



By far, the young adults most at risk are those from low-income households. These young adults, like children and older adults in low-income families, are disproportionately represented among the uninsured. About a quarter of all adults ages 19 to 29 live in households with incomes below the poverty threshold, but nearly two-fifths of the 13 million young adults who are uninsured live in households with incomes below poverty (Chart 3). This means that a young adult from a low-income household faces a high likelihood of being uninsured: nearly one of every two young adults living in poverty can expect to be without health insurance (Chart 4). Those with slightly higher incomes (100 to 199 percent of poverty) fare only marginally better—nearly two of five (39%) are uninsured.

Nineteenth Birthdays: What a Difference a Year Can Make

Nineteenth birthdays are crucial milestones in terms of Americans' health insurance coverage. Both public and private insurance programs treat this age as a turning point for coverage decisions. A recent Commonwealth Fund study found that, among employers who offer

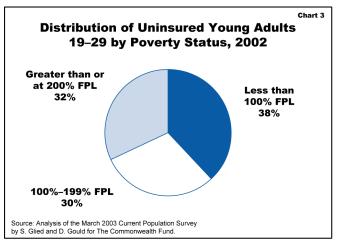


Chart 4

	Cilait 4
Percent Uninsured, Children and Young	Adults,
by Poverty Level, 2002	

Percent Uninsured	Children 18 and Under	Young Adults 19–29
Total	12%	30%
<100% FPL	23	48
100%-199% FPL	18	39
≥200% FPL	7	18

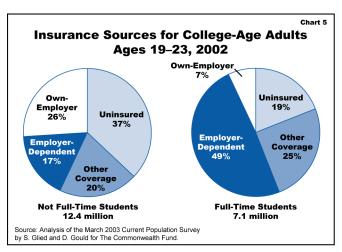
Source: Analysis of the March 2003 Current Population Survey by S. Glied and D. Gould for The Commonwealth Fund.

coverage, nearly 60 percent do not insure dependent children over age 18 or 19 if they do not attend college. Public programs, such as Medicaid and the State Children's Health Insurance Program (CHIP), also typically have one set of income and eligibility standards for children and another for adults, with the nineteenth birthday as the critical divide.

Family Coverage Rules in Private Insurance Plans: Young Adults at Risk of Losing Coverage as Dependents on Their Parents' Policies

Employer-sponsored health insurance is the mainstay of most family and dependent coverage. Typically, such policies cover children as dependents as long as they meet eligibility rules. As noted above, age 19 tends to be a crucial turning point, after which coverage continues only for those young adults who attend college full time. As a result, full-time college students between the ages of 19 and 23 are the most likely in their age group to have insurance coverage, primarily because they are able to maintain eligibility under their parents' policies. A small share of full-time students also gains coverage through plans offered by universities. Roughly 25 percent of public universities and about 90 percent of private universities and colleges require that students have health insurance as a condition of enrollment. Massachusetts, New Jersey, and Idaho have passed either legislative or administrative rulings requiring that students have health insurance in order to enroll. About half (49%) of full-time students receive health insurance through their parents' employer-sponsored plans, while another quarter have other sources of coverage, including college and university plans (Chart 5).

Young adults who are not in school full time are much more likely to be uninsured, primarily because it is so much harder for them to gain access to employer coverage (Chart 5). Young adults who opt to enter the labor market rather than go to college are unlikely to be eligible for coverage under their parents' policies, and unlikely to find a job with health benefits. New



entrants to the labor market without college educations are often candidates for positions that are the least likely to come with health benefits—those that pay low wages, are in small companies, or are part time or temporary in nature. The recent Commonwealth Fund Biennial Health Insurance Survey found that nearly half (47%) of all workers ages 19 to 64 who earn less than less than \$10 an hour are uninsured. Two of five workers between the ages of 19 and 29 have jobs that pay less than \$10 per hour.

Coverage Under Medicaid and CHIP Is Usually Lost at Age 19 Medicaid and CHIP reclassify all teenagers as adults the day they turn 19. As a result, young adults who had been insured under Medicaid or CHIP as children typically do not have an option to stay on public coverage unless they are able to qualify for Medicaid as adults. Regardless of school, work, or dependent status, they lose their eligibility as dependents or children. Most low-income young adults become ineligible for public programs, since eligibility for adults generally is restricted to very low-income parents or disabled adults. Even teenagers with disabilities who qualified for Medicaid before their nineteenth birthdays have to go through a new set of screening tests to determine whether they will still be eligible for benefits as disabled adults. ¹⁰

Net Impact of the Nineteenth Birthday

As a result of the combined impact of such public and private insurance rules, uninsured rates jump sharply at age 19. Turning 19 increases the risk of being uninsured by more than twofold: the percent uninsured rises from 12 percent among children 18 and under to 30 percent among 19- to 29-year-old adults (Chart 4).

Low-income young adults are particularly vulnerable. The percent uninsured for those in families living in poverty increases from about one of five (23%) for children to nearly half (48%) among young adults ages 19 to 29.

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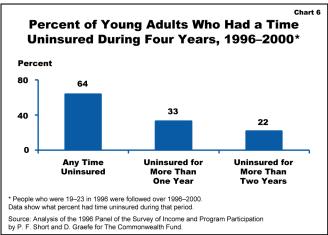
Graduation Day: Life Transitions Lead to Loss of Insurance

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The transitional nature of young adults' lives following their nineteenth birthdays makes it difficult for them to secure a stable and consistent source of health insurance coverage. Young adults move in and out of school and jobs throughout their twenties. Full-time students might take a leave of absence from school, attend college part time, or graduate—effectively closing off access to their parents' insurance policies or university-sponsored plans. In addition, job tenure is shorter among younger workers, thus increasing the risk that they will be without health insurance coverage for periods of time.

Surveys that track people over time provide an opportunity to examine what happens to the insurance coverage of young adults as they graduate from high school or college or move through their early adult years. The federal multiyear longitudinal survey known as SIPP (Survey of Income and Program Participation) interviewed a sample of people about their health insurance and other characteristics in 1996 and tracked their history through 2000.

The four-year insurance history of all young adults who were ages 19 to 23 at the beginning of 1996 reveals the extent to which life transitions disrupt insurance coverage. Over 1996 to 2000, two-thirds (64%) of this cohort of young adults went without coverage for at least part of the time (Chart 6). One-third were uninsured for more than a year and one-fifth were uninsured for more than two years of the four-year period.



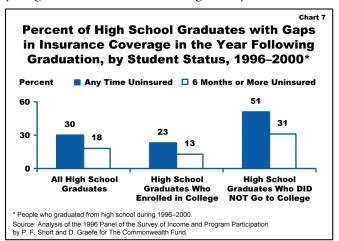
Young adults from households with low incomes were most exposed: they were both more likely to go without insurance for at least some time period and to endure long periods without insurance. Nearly 80 percent of young adults with incomes under 200 percent of poverty were uninsured for at least part of the four-year period; more than half (52%) were uninsured for

13 months or more (Table 1). Reflecting their generally lower incomes, Hispanic and African American young adults were at similarly high risk of losing insurance and experiencing long spells without coverage. More than one of seven Hispanic young adults ages 19 to 23 at the beginning of the four years were uninsured for the entire four-year period.

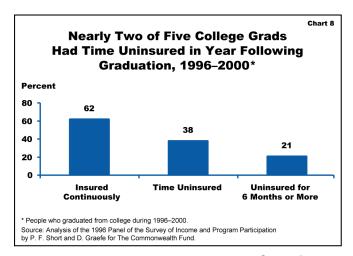
Graduation: High School and College

Tracking people over time also reveals how the major life events of early adulthood noted in this report (nineteenth birthdays, graduation from high school or college) disrupt insurance coverage.

High school graduation marks a key juncture in the health insurance coverage of young adults. Tracking a sample of young adults in the year following high school graduation reveals the extent to which college enrollment is correlated with more secure insurance coverage. Among all young adults graduating from high school, three of 10 were uninsured for some time in the first year after high school (Chart 7). Half of young adults who graduated from high school but who did not go to college were uninsured for some time during the year following their graduation, twice the rate for young adults who attended college that year.



Among those young adults who go to college, the year following college graduation also can be a period during which connections to the health system are fragile and break down. Of those college students who graduated during 1996–2000, 38 percent were uninsured for at least part of the time in the year following graduation, with 21 percent uninsured for six months or more (Chart 8). In other words, nearly two of five college graduates can expect to spend at least some time uninsured in the year just after graduation, based on experiences of recent graduates.

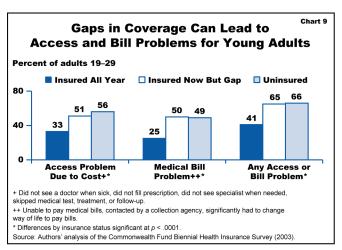


Why Health Insurance Is Important for This Age Group

Although young adults in general constitute a healthy group, going without insurance disrupts their access to the health care system, introduces barriers to care when it is needed, and leaves young adults and their families at risk for high out-of-pocket costs in the event of a severe illness or injury. Young adults, particularly women, are in need of regular preventive care. If young adults lose their coverage at age 19 or upon graduation from college, their ties with primary care physicians are severed at precisely the time they should be forming stronger links to the health care system and taking responsibility for their own care. Moreover, it is often forgotten that this group uses acute care. Pregnancies, HIV, injuries, and chronic disease ultimately bring large numbers of young adults to hospitals:

- There are 3.5 million pregnancies each year among the 21 million women ages 19 to 29. 12
- One-third of all HIV diagnoses are made among adults ages 19 to 29. 13
- Injury-related visits to emergency rooms are far more common among young adults than they are among either children or older adults.¹⁴
- More than 20,000 people with congenital heart disease reach their nineteenth birthday each year.

The Commonwealth Fund Biennial Health Insurance Survey shows that being uninsured or having unstable health insurance hampers access to the health care system and generates financial distress among young adults. More than half of young adults ages 19 to 29 who either were uninsured for the entire year or had a time without coverage said that they had gone without needed health care because of cost (Chart 9). Forgone care included not seeing a doctor or specialist



when sick, failing to fill a prescription, or skipping a recommended medical test, treatment, or follow-up visit. Similarly, about half of the same group said that they had experienced problems with medical bills, including trouble making payments, being contacted by a collection agency, or significantly changing their way of life in order to pay medical bills.

The risks of being without health insurance are not so easily dismissed by young adults as conventional wisdom would have it. When questioned about their desire for health insurance in the Commonwealth Fund Biennial Health Insurance Survey, seven of 10 young workers between 19 and 29 years of age said that health insurance was very important to them in deciding whether or not to take a job, a rate similar to that of older workers. In addition, the survey also finds that a strong majority (71%) of employed young adults 19 to 29 accept health insurance coverage when it is offered to them (Table 2).

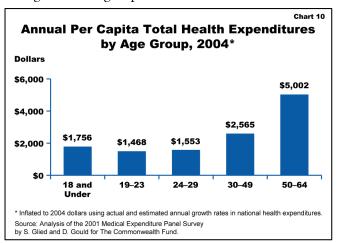
Policy Options that Could Help Young Adults Stay Insured

The health insurance coverage of young adults would be improved by system-wide changes that seek to expand access to and stabilize coverage among the general population. Several proposals to achieve near-universal coverage have been proposed in the last year and many include specific provisions to increase coverage among young adults.¹⁷ For example, Karen Davis and Cathy Schoen of The Commonwealth Fund proposed a framework for achieving near-universal coverage that includes a requirement that companies extend coverage to dependent young adults under age 23 through their parents' insurance.¹⁸ Other recent proposals have exclusively targeted young adults. Congressman Vic Snyder recently introduced legislation that would permit states to cover low-income young adults under Medicaid and

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CHIP up to age 23, with the expansion financed at an enhanced federal matching rate. ¹⁹ Senate Republicans have proposed financial incentives for colleges and universities that provide or require health insurance for full-time students. ²⁰

Whether as part of a broader expansion plan or implemented on their own, targeted policy options could improve access to coverage for young adults and help them stay insured during the transition to independence. This is a relatively low-cost group to insure: young adults generally are healthier than older adults and therefore have far lower per-capita health care expenditures (Chart 10). Indeed, keeping young adults in insurance pools may have the effect of lowering the average costs for group insurance.



Three different public or private policy changes could extend coverage to a substantial portion of uninsured young adults and prevent others from losing coverage in the future.

1. Extend eligibility for dependents under private coverage through age 23. Private insurers and employers could be required to define dependent coverage as all unmarried dependents through age 23. Some private employers already provide such coverage voluntarily. The state of Utah requires all insurance policies that include dependent coverage to provide coverage up to age 26 for unmarried dependents.²¹ Under the Federal Employees Health Benefits Program, federal employees and members of Congress currently enjoy coverage for unmarried dependent children under age 22.22 The benefit either could be structured as a rider or simply be extended to all policies. Such a change could cover an estimated 500,000 to 800,000 unmarried, dependent young adults.²³ If the benefit requirement were extended to family policies, the average premium for those plans would rise by about 3 to 5 percent.²⁴

- 2. Extend eligibility for Medicaid/CHIP public coverage to age 23. Congress could allow or require states to extend coverage to those young adults in Medicaid and CHIP who lose their eligibility because of age, with federal matching funds provided. As proposed in Congressman Snyder's bill, states could have the option of extending coverage up to age 23, and could phase in coverage one year at a time. Or, Congress might require states to extend coverage to those currently enrolled in the programs and who "age-off," just as states are now required to extend Medicaid coverage to those who become ineligible because of higher earnings.²⁵ Such a policy change could eventually help the 2.7 million uninsured young adults ages 19 to 23 with incomes under 100 percent of poverty, the largest group of uninsured young adults in this age group.
- 3. States could ensure that all colleges and universities require full-time and part-time students to have health insurance, and that they offer health insurance coverage to both. Many colleges and universities already require health insurance coverage as a condition of enrollment, and a handful of states (Massachusetts, New Jersey, Idaho) have legislative or administrative rulings requiring all students at local institutions to be covered. Students at these institutions generally can choose to enroll in a school health plan or provide proof of coverage from another source, usually a parent's employerbased plan. The cost of the school plans, which ranges from \$800 to \$1,200 per year, is usually added to tuition along with other required fees. 26 Increasing the number of schools that require students to have health insurance coverage and that offer such coverage through state mandates could help cover up to 2 million part-time and full-time students who currently go without insurance. Federal or state subsidies for premium support would help offset the costs of insurance coverage for students.

Notes

- All analyses of the March Annual Social and Economic Supplement to the Current Population Survey (CPS), 1987–2003, are from Sherry Glied and Douglas Gould, Columbia University, for The Commonwealth Fund. See Methodology for a description of the CPS.
- Analysis of the Medical Expenditure Panel Survey (MEPS), 2001, by Sherry Glied and Douglas Gould, Columbia University, for The Commonwealth Fund. See Methodology for a description of the MEPS.
- In 2002, the poverty thresholds were \$9,359 for one person, \$12,047 for two adults, \$14,480 for two adults and one child under 18, and \$18,244 for two adults and two children under 18. See B. D. Proctor and J. Dalaker, *Poverty in the United States*, 2002,

- Current Population Reports, Consumer Income (Washington, D.C.: U.S. Census Bureau, Sept. 2003).
- S. R. Collins, C. Schoen, M. M. Doty, A. L. Holmgren, Job-Based Health Insurance in the Balance: Employer Views of Coverage in the Workplace (New York: The Commonwealth Fund, Mar. 2004).
- Communication with Stephen Beckley, Stephen L. Beckley & Associates, Inc., Fort Collins, Colo.
- Ibid.
- S. R. Collins, C. Schoen, D. Colasanto, D. A. Downey, On the Edge: Low-Wage Workers and Their Health Insurance Coverage, Findings from the 2001 Health Insurance Survey (New York: The Commonwealth Fund, Mar. 2003); B. Garret, L. M. Nichols, E. K. Greenman, Workers Without Health Insurance: Who Are They and How Can Policy Reach Them? (Washington, D.C.: The Urban Institute, Sept. 1, 2001); S. H. Long and M. S. Marquis. "Low-Wage Workers and Health Insurance Coverage: Can Policymakers Target Them Through Their Employers?" *Inquiry* 38 (Fall 2001): 331–37.
- Authors' analysis of the Commonwealth Fund Biennial Health Insurance Survey (2003).
- Ibid.
- ¹⁰ E. Fishman, "Aging Out of Coverage: Young Adults with Special Health Needs," Health Affairs 20 (Nov./Dec. 2001): 254-66.
- All analyses of the 1996 Panel of the Survey of Income and Program Participation (SIPP) are from Pamela Farley Short and Deborah Graefe, Pennsylvania State University, for The Commonwealth Fund. See Methodology for a description of the SIPP.

- 12 K. Quinn, C. Schoen, L. Buatti, On Their Own: Young Adults Living Without Health Insurance (New York: The Commonwealth Fund, May 2000).
- 13 Ibid.
- National Center for Health Statistics, Health United States 2003 (Hyattsville, Md.: NCHS, Sept. 2003), Table 83.
- 15 G. Rosenthal, "Prevalence of Congenital Heart Disease," in The Science and Practice of Pediatric Cardiology, Second Edition, A. Garson, J. T. Bricker, D. J. Fisher, S. R. Neish (eds.). (Baltimore: Williams and Wilkins, 1998), pp. 1095-96.
- ¹⁶ Authors' analysis of the Commonwealth Fund Biennial Health Insurance Survey (2003).
- ¹⁷ S. R. Collins, K. Davis, J. M. Lambrew, Health Care Reform Returns to the National Agenda: The 2004 Presidential Candidates' Proposals (New York: The Commonwealth Fund, updated Mar. 2004).
- ¹⁸ K. Davis and C. Schoen, "Creating Consensus on Coverage Choices," Health Affairs Web Exclusive (Apr. 23, 2003): W3-199-W3-211.
- 19 HR 3192, Medicaid/SCHIP Optional Coverage for Young Adults Act of 2003. A companion Senate bill was introduced by Senator Blanche Lincoln, S 1889, Medicaid/SCHIP Optional Coverage for Young Adults Act of 2003.
- U.S. Senate Republican Task Force on Health Care Costs and the Uninsured, Building on a Record of Creative Solutions (May 2004).
- ²¹ Utah Code, Title 31A-22-610.5.

	Table 1. Months Uninsured Among Young Adults, 1996–2000						
		Population in Millions	Any Part of 4-Year Period	13 Months or More	25 Months or More	48 Months	
Total 19–23*		17	64%	33%	22%	6%	
Poverty							
<200% FPL		5	79	52	37	12	
≥200% FPL		12	57	25	15	3	
Race							
White		12	61	29	18	3	
Black		2	65	38	25	11	
Hispanic		2	76	52	39	15	

People who were 19-23 at beginning of survey in 1996.

Source: Analysis of the 1996 Panel of the Survey of Income and Program Participation by P.F. Short and D. Graefe for The Commonwealth Fund.

	Total	Ages 19-29	Ages 30-64	
All Workers, Ages 19–64 (estimates in millions)	122.4	27.9	94.5	
	Percent of Workers Ages 19–64			
Eligibility				
Employer Offers a Plan	78%	75%	79%	
Eligible for Employer Plan	73	65*	75	
Coverage				
Covered Through Own Employer	58	46*	62	
Covered Through Someone Else's Employer	17	16	17	
Covered Through Public Program	3	5*	3	
Other	8	11*	7	
Uninsured	14	20*	12	
Take-Up Rate of Own-Employer Insurance	79	71	83	

- Federal Employees Health Benefits Program Handbook, see http://www.opm.gov/insure/handbook/fehb28.asp.
- ²³ Analysis of the March 2003 Annual Social and Economic Supplement to the CPS, Sherry Glied and Douglas Gould.
- This estimate is based on the costs of adding the estimated number of adults 19 to 23 who currently do not have employer-sponsored health insurance to different types of family policies. The range reflects the average premium increases resulting from
- spreading those costs across family policies with dependent children (5%) or all non-single policies (3%).
- ²⁵ J. M. Lambrew and A. Garson, Jr., Small But Significant Steps to Help the Uninsured (New York: The Commonwealth Fund, Jan. 2003).
- The range reflects the costs of those school health plans that are consistent with standards recommended by the American College Health Association. Communication with Stephen Beckley, Stephen L. Beckley & Associates, Inc., Fort Collins, Colo.; L. Rosellini, "Health-care Headaches," U.S. News & World Report, Apr. 15, 2002, p. 52.

METHODOLOGY

Most data in this issue brief are from four surveys: the March Annual Social and Economic Supplement to the Current Population Survey (CPS), 1987–2003; the Medical Expenditure Panel Survey (MEPS), 2001; the 1996 Panel of the Survey of Income and Program Participation (SIPP); and the Commonwealth Fund Biennial Health Insurance Survey (2003). Sherry Glied and Douglas Gould of Columbia University, Mailman School of Public Health, provided analysis of the CPS and MEPS. Pamela Farley Short and Deborah Graefe of Pennsylvania State University, Center for Health Care and Policy Research, provided analysis of the SIPP. The authors analyzed the Commonwealth Fund Biennial Health Insurance Survey.

The CPS, MEPS, and SIPP are federal surveys sponsored by the Census Bureau (CPS and SIPP) and the Agency for Healthcare Research and Quality (MEPS). The CPS, the primary source of information on U.S. labor force characteristics, is conducted monthly on a sample of about 57,000 households representing approximately 140,000 people. The Annual Social and Economic Supplement to the CPS is conducted in March of each year on a sample of about 99,000 households. The MEPS uses an overlapping panel design in which data are collected in a series of five interviews over a 30-month period, with a new panel started each year. The sample size in 2001 was about 12,800 families representing 32,000 people. The SIPP is a multiyear panel survey that interviews a sample of households every four months for several years. The 1996 panel was fielded for four years and consisted of about 37,000 households.

The Commonwealth Fund Biennial Health Insurance Survey, conducted by Princeton Survey Research Associates from September 3, 2003, to January 4, 2004, consisted of 25-minute telephone interviews in either English or Spanish with a random, national sample of 4,502 adults, age 19 and older, living in households with telephones in the continental United States. The analysis in this report is based on 793 adults ages 19 to 29 in the sample. The data are weighted in analysis to compensate for survey non-response and for the purposeful oversampling of households in low-income areas. The weights were constructed to match demographic parameters from the March 2003 Annual Social and Economic Supplement to the CPS for age, sex, race/ethnicity, level of education, household size, geographic region, and telephone service interruption. The weighted data represent the U.S. adult population.

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